

she complained of a severe headache in the morning. Within three hours it became throbbing and so severe that she was unable to lie down. Her blood pressure was recorded as 170/90. Tranlycypromine was discontinued and she was treated with rest and acetylsalicylic acid compound. By evening she felt relieved, and her blood pressure had returned to 130/80.

Fifty-two days after admission, as a psychotherapeutic aid she received an intravenous injection containing sodium amobarbital 250 mg. and methamphetamine HCl 15 mg. Fifteen minutes later, while referring to hostility towards her mother, she developed a severe headache and was unable to continue the interview. One hour later she had no complaints and it was assumed that the headache was psychogenic. However, 12 hours later the nurses reported that the patient's speech was slurred, her gait was staggering, her mouth and throat were dry, and she was nauseated and had a severe headache. Again she responded to symptomatic therapy.

She has had numerous sodium amobarbital interviews since, without headaches, indicating that "psychogenic" causes were probably operating. It seems that once cephalgia has occurred as a complication of tranlycypromine therapy, all other monoamine oxidase inhibitors, amphetamines and catecholamines should be regarded as dangerous, probably because of their ergotropic (i.e. central-exciting) activities.

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CIGARETTE ADVERTISING

To the Editor:

The suggestion has frequently appeared in print recently that the tobacco industry should voluntarily curb its advertising practices so as not to appeal to young people. Obviously this is asking these companies to cut their own throats. Any restraint they show will be temporary, or only token restraint.

It is high time that the government prohibited all cigarette advertising to any age group. The medical profession should demand that the government enact this very reasonable measure.

If the sale of cigarettes were allowed to continue, black market problems, such as occurred during the prohibition era, could be avoided. The only argument put for not prohibiting cigarette advertising is the loss of revenue to news media, but the moral arguments for prohibiting this advertising demand economic adjustments.

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PERSPECTIVES FOR CONSIDERATION OF SMOKING AND HEALTH QUESTIONS

To the Editor:

The presentation of the Canadian tobacco industry to the Conference on Smoking and Health contains a seemingly deliberate attempt to mislead by an unscrupulous quoting out of context.

A paper of mine is referred to and quoted to give the impression that our study did not support the fact that smoking is related to cancer of the lung.

The industry conveniently omitted to mention that of our 27 male patients dying of cancer of the lung, all were smokers; six smoked up to 14 cigarettes daily, 15 smoked from 15 to 25 cigarettes daily and six smoked more than 25 cigarettes daily. Elsewhere in the article we stated, "our data suggest . . . smoking is a factor in causing both hyperplasia and metaplasia . . ."

The ingenuity with which the industry has made the cover of their "perspectives" resemble a government document is remarkable!

The Minister of National Health and Welfare has been informed of this distortion.

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CRIS DE CŒUR

To the Editor:

May I commend the Journal on the editorial "Cris de cœur" which appeared in the issue of December 28 (*Canad. Med. Ass. J.*, 89: 1335, 1963). In my position in the pharmaceutical industry I do not have an actual practice but play the part of third party many times a year in explaining to our employees the diagnoses (or lack of them) of my confrères.

In his presidential address to the C.M.A. Divisions, published in the *Manitoba Medical Review* (43: 603 [December], 1963), the president of our Association, Dr. W. W. Wigle, referred to the letters "P.R." as standing for "professional responsibility" as well as the more familiar "public relations". Although Dr. Wigle did not refer to "professional responsibility" in this sense, may I make a plea to the members of our profession that it is our responsibility to treat the patient as well as his disease. An extra two or three minutes spent with each patient to explain his illness could well be the most important part of his treatment. May I suggest that each patient should be dealt with in one of three ways:

1. By explaining his illness to him and outlining his treatment, or
2. by informing him that he has no organic disease and explaining the reasons for this decision, or
3. by referring him to another physician or to the laboratory for further tests, explaining again the reasons why this step is being taken.

It will be noted that the word "explain" appears in each of these three methods of dealing with a patient, and this is the crux of the matter.

If every physician followed one of these three procedures with each and every patient, he would be practicing good "P.R." in the sense of both "professional responsibility" and "public relations".

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